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**MICHELLE A. BEACH** (Depositor's name)  
*Michelle A. Beach* (Signature)  
*September 8, 2006* (Date)

APPLICATION NO	FILING DATE	FIRST NAME OF INVENTOR	ATTORNEY OR FIRM NO	CONFIRMATION NO
10/224,219	12/21/2001	Robert M. Coleman	12A00690	2657

TITLE OF INVENTION: PRINTING METHOD EMPLOYING PRINTER-INDEPENDENT PRINT QUALITY CHARACTERISTICS

APPLICANT TYPE	SMALL ENTITY	ISSUE FEE DCP	PUBLICATION FEE DCP	PREV. PATE. ISSUE FEE	TOTAL FEE(S) DCP	DATE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MURPHY, DILLON J	2625	358-00130

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.331)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SI/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SI/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Jeannette Walder*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

**XEROX CORPORATION**  
**STAMFORD, CT**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of copies

4b. Payment of fee(s) (Please first reapply any previously paid issue fee shown above):

- ☐ A check is enclosed  
☒ Payment by credit card. Form PTO 2018 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **240025** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.301. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.21(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee, or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Jeannette Walder*  
 Jeannette Walder

Date

9-5-06

Registration No.

30698

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